

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33855

State File No.

Registrar's No.

ED NOV 1 1943/49  
Registration District No.

Primary Registration District No. 1002

4430

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days (Specify whether  
In this community 18 years years, months or days)

3. (a) PRINT FULL NAME NETTIE LEE

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emmett Lee 6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Feb 14 (Month) (Day) (Year) 1900

8. AGE: Years 43 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Tulsa, Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Don't know  
13. Birthplace Don't know (City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Record Clark  
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. E. Appleton

(b) Address

19. (a) 10-19-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 2625 Garfield (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13, year 1943 hour 9: minute P. M.

21. I hereby certify that I attended the deceased from 10-6-43 to 10-13-43 that I last saw her alive on 10-13-43 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Primary carcinoma of rt. breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. E. Brown (M.D. or other)

Address General Hosp. No. 2 Date signed 10-14-43

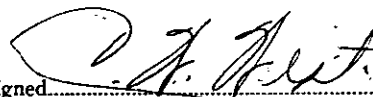
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No.

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**